

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Nodaway
Township Pock
City Maryville (No.)

Registration District No. 625
Primary Registration District No. 3031

File No. 25740
Registered No. 80
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 3 —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pickering Mo.

13. NAME Vacil S. Harmon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale Mo.

15. MAIDEN NAME Mabel Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pickering Mo.

17. INFORMANT Vacil Harmon (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill DATE July 23 34

19. UNDERTAKER Price Funeral Home (ADDRESS) Maryville Mo.

20. FILED 7-23 19 34 Mamie E. Clardy Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1934, to 7-22, 1934

I last saw him alive on 7-22, 1934. Death is said

to have occurred on the date stated above, at 9:30 A. M.

The principal cause of death and related causes of importance were as follows:

Acute pulmonary edema

Date of onset

Other contributory causes of importance:

Cerebral Spastic Paralysis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John E. Eley, M. D.

(Address) Maryville Mo.

